

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

MIKE PLAZONY

v.

DESTINY HEALTH, INC.

Case Number:

FILED: MAY 8, 2008

08CV2672 EDA

JUDGE ST. EVE

MAGISTRATE JUDGE KEYS

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

MIKE PLAZONY

NAME (Type or print) Janice A. Wegner	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/Janice A. Wegner	
FIRM Lisa Kane & Associates, P.C.	
STREET ADDRESS 120 South LaSalle Street, Suite 1420	
CITY/STATE/ZIP Chicago, IL 60603	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 06200062	TELEPHONE NUMBER 312-606-0383
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	